

## City of Newport Department of Finance License Division

2019

CN-3Q

## ABC Regulatory Fee Quarterly Return

4th Quarter: Oct 31st - Dec 31st (Due by Jan 31st)

Business:								
1	Gross Receipts from the sale of alcohol  ( Quarter Ending: 12/31/2019 )	\$ -						
2	Regulatory Fee Due (Line 1 X 2.5%)		\$ -					
3	Penalty for Late Payment - 10% of Line 2	\$ -						
4	Interest for Late Payment- 8% per annum of Line (8% APR equates to 0.667% per month)	\$ -						
5	Total Regulatory Fee Due (Lines $2 + 3 + 4 = 5$ )	\$ -						
Signed:		Title:	Date:					
Email:		Phone:						

**Remit Payment To:** 

City of Newport c/o ABC Administrator 998 Monmouth Street \* Newport, KY \* 41071

LicenseQuestions@NewportKy.gov

O:859-292-3660 F:859.292.6352



## City of Newport Department of Finance License Division

2019

CN-3R

## Annual Reconciliation of ABC Regulatory Fee

Bus	iness:								
	Regul	atory Fee Pai	id				_		1
	Α	1st Qtr	Jan 1 - March 31						
	В	2nd Qtr	April 1 - June 30						
	С	3rd Qtr	July 1 - Sept 30		\$	_			
	D	4th Qtr	Oct 1 - Dec 31		\$				
1				To	otal Amount Paid (A -	+ B + C + D =)	\$	8	-
	Gross	Receipts from	n the sale of alcohol				\$		-
	(See 0	CN16 Renewa	l of Occupational License	/ line 2 C. 1)	Retail Sales Only)				
2	Regul	Regulatory Fee Due - ( Line 1 x 2.5% )					\$		-
3A		If line2 is greater than line 1, enter difference here				erence here :	\$		-
3B		If line2 is less than line 1, enter difference here					\$		-
4	Newp	Newport ABC License fees Paid for 2019 divided by a factor of <b>2</b>					\$		-
ON 157									
5	ABC Regulatory Credit (Option A)					\$		-	
	(If line	e 2 is greater	than line 4, Enter line 4 he	ere.)					
6	ABC Regulatory Credit (Option B)						\$		-
	(If line	e 2 is less than	n line 4, Enter line 2 here.	)					
7A	Enter Amount from 3A here as negative (additional Reg Fee Due				eg Fee Due):	\$		-	
7B		Enter Amount from 3B here as positive (additional Credit Due)				Credit Due):	\$		-
8		Total Credit Due ( sum of lines 5 thru 7B)				s 5 thru 7B) :	\$		-
	I here	by certify tha	t this information is true a	and correct.					
Signed:				Title:	3	Date:			
Em	ail:				Phone:				
			998 Mon	mouth Street	* Newport, KY * 410	071			
LicenseQuestions@NewnortKy gov									

O:859-292-3660 F:859.292.3652